

7/9/19

NEW BUSINESS

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 815 Event Name: St. Aloysius 22nd Annual Block Party

Event Date: July 28, 2019

Street Closure: Washington Boulevard

Organization Name: St. Aloysius Church

Street Address: 1234 Washington Boulevard Detroit, MI 48226

Receipt date of the **COMPLETED** Special Events Application:

Date of City Clerk's Departmental Reference Communication:

Due date for City Departments reports:

Due date for the Coordinators Report to City Clerk:

Event Elements (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Free Block Party</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

St. Aloysius Church will host their 22nd Annual Block Party from 11:30am - 3:00pm free to attendees; with temporary street closure on Washington Boulevard between Grand River & State Street.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Austin

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, April 15, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

815 *St. Aloysius Church, request to hold "St. Aloysius 22nd Annual Block Party" at 1234 Washington Blvd. on 7/28/19 from 11:30 AM - 3:00 PM, Set-up on 7/28/19 from 7:30 AM to 10:30, Street Closure on Washington Blvd (northbound lanes only) between Grand River to State St.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: St. Aloysius 22nd Annual Block Party

Event Location: 1234 Washington Blvd, Detroit, MI 48226

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: St. Aloysius Church

Organization Mailing Address: 1234 Washington Blvd, Detroit, MI 48226

Business Phone: 313-237-5810

Business Website: www.stalsdetroit.com

Applicant Name: Tony Smith

Business Phone: 6463081626

Cell Phone: 9172874881

Email: tony.smith@att.net

Event On-Site Contact Person:

Name: Tony Smith

Business Phone: 6463081626

Cell Phone: 9172874881

Email: tony.smith@att.net

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Free Block Party</u> |

Projected Number of Attendees: 400-800

Please provide a brief description of your event:

We will be serving precooked burgers hotdogs soft drinks and ice cream to the people in our community from 11:30am to 3:00pm. The event is free of charge.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 07/28/2019 Time: 7:30am Complete Set-up Date: 07/28/2019 Time: 10:30am

Event Start Date: 07/28/2019 Time: 11:30am Event End Date: 07/29/2019 Time: 3:00pm

Begin Tearing Down Date: 7/28/2019@3:00pm Complete Tear Down Date: 7/28/2019@6:00pm

Event Times (If more than one day, give times for each day):

N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1234 Washington Blvd, Detroit, MI 48226

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Entertainment will be live music

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Amplified Sound

Describe specific power needs for entertainment and/or music:

1 dedicated 20 amp circuit

How many generators will be used? N/A

How will the generators be fueled?

Name of vendor providing generators:

Contact Person: N/A

Address: _____

Phone: _____

City/State/Zip _____

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe: _____

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): _____

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: _____

N/A

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person: N/A

Address: _____

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

N/A

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Outdoor event with minimal impact

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

Visited local businesses and got signatures in support of the event

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	2	20'x40' each
Canopy (open on all sides)	3	10'x10' each
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johns. Scotty's Potties

Contact Person:

Address: PO Box 530845

Phone: 734-421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Washington Blvd (northbound lanes only)

FROM: Grand River Avenue TO: State Street

CLOSURE DATES: 7/28/19 BEG TIME: 7:00am END TIME:

REOPEN DATE: 7/28/19 @7:00pm TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

eSigned via DocuSign
Tony R. Smith
Key: a33fa1863b6a37d4e7db4e233c780

04/10/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: St Als Annual Block Party **Event**
Date: 7/28/19

Event Organizer:
Tony Smith

Applicant Signature:

eSigned via DocuSign
Tony R. Smith
Key: a33fa1863b6a37d4e7db4e233c780

Date: 04/10/2019

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

 Organization/Business Name: St. Aloysius Catholic Church

 Main Contact: Loren Connell, OFM Email: brolocon@gmail.com

 Mailing Address: 1234 Washington Blvd City: Detroit State: MI Zip: 48226

 Primary Phone: 313.237.5810 Cell Phone: _____ Fax: 313.963.9076

 Alternative Contact: Name: Tony Smith Phone: 917.287.4881
PUBLIC EVENT INFORMATION: Name of Public Event: St Aloysius Annual Block Party

 Food Service Start Date: 07/28/2019 Serving Start Time: 11:30 AM/PM

 Ending Date: 07/28/2019 End Time: 3:00 AM/PM

 When will food preparation begin? Date: 07/28/2019 Starting Time: 11:30 AM/PM

 Event Location (Name & Address): St. Aloysius 1234 Washington Blvd, Detroit, MI 48226

 Event Coordinator Name: Tony Smith Phone: 917287.4881

 If Applicable, Non Profit Tax ID #: 53-0196617

**I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED,
AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.**

 Applicant Name (Print) Tony Smith

Applicant Signature: _____ Date: _____

 Estimated Number of Meals to be Served Each Day: 2000
EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

A Hand Wash Station

- ☐ Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket
- ☐ Hand sink
- ☒ Self-contained portable unit
- ☐ Other _____

B Cooking/Reheating Equipment

- ☒ Grill/BBQ
- ☐ Fryer
- ☐ Oven
- ☐ Roaster
- ☐ Other _____

C Cold/Hot Holding Equipment

- ☐ Ice chest/cooler with ice
- ☐ Refrigerator
- ☐ Freezer
- ☐ Steam table
- ☒ Grill/BBQ
- ☐ Chafing dish w/ fuel
- ☐ Slow cooker/roaster
- ☒ Other refrigerated truck

D Floor/Overhead Protection*

- ☐ Food is prepared & served indoors
- ☐ Floors are cleanable and Impermeable Describe: _____
- ☒ Canopy/tent
- ☐ Screening
- ☒ Other cement floor/street

E Cleaning/Sanitizing

- ☐ Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- ☐ Extra utensils
- ☒ Bucket with sanitizing solution and wiping cloth(s)
- ☐ Sanitizer

F Other

- ☐ Chemical test strips to test sanitizer solution
- ☐ Metal stem thermometer
- ☒ Gloves
- ☐ Hair restraints
- ☒ Electricity available
- ☐ Water source (circle all that apply)

Municipal/City ☐ Water Well ☐ Bottled ☒

*If extensive food handling occurs, it must be done in a fully enclosed space.

FOOD PREPARATION AND MENU:

Only food and beverage items listed will be approved to serve.
Approval for any changes must be requested before the event.

Food	G Food Source (place/facility where food is purchased)	H Off-Site Prep Yes/No *1	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling? *2	N Hot holding equipment used?
Example:								
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table
Hot Dogs	Gordon's FS	No	Yes	Cold, Ref Truck	ref truck	Grill, 155 °F	No	No
Hamburgers	Gordon's FS	No	Yes	Cold, Ref Truck	ref truck	Grill, 155 °F	No	No
Cole Slaw	Gordon's FS	N/A	N/A	Cold, Ref Truck	ref truck	N/A	N/A	N/A
Buns	Gordon's FS	N/A	N/A	Cold, Ref Truck	ref truck	N/A	N/A	N/A
Ice Cream	Gordon's FS	N/A	N/A	Freezer Cart	Freezer Cart	N/A	N/A	N/A
Potato Chips	Gordon's FS	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*1 - IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)


*2 - IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE

FOR LOCAL HEALTH DEPARTMENT USE:

Notes:

Amount Paid: _____ Receipt Number: _____

Washington Blvd. (south bound)




4 Porta Johns +
1 ADA unit

1 ADA UNIT

CONFIDENTIAL

201

 Handwash station

20' x 40'
Food tent

26' x 40'
Entertainment

Quincois

Barry Cadogan

51 AlloySteel
1224 Washington
Blvd.



APPENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ allow _____
Licensed Food Service Operator/Owner
Organization _____
to use _____
Name & Address of Licensed Facility Used
Facility License Number _____

For: _____ Food Preparation _____ Cold Food Storage _____ Cooking _____
Cooling Food _____ Hot Holding _____
Dry Food Storage _____ Warewashing _____ Approved Water Supply _____ Waste water Disposal _____
Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____
Time of use: _____ AM/PM to _____ AM/PM

Signature of Licensed Facility Owner/Operator _____

Date _____

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 921 Event Name: Lions Pregame Tailgate

Event Date : Various Dates

Street Closure: Brush & Adams

Organization Name: Ford Field

Street Address: 2000 Brush Street Suite 200 Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Ford Field will host a tailgate before each Detroit Lions homegame during the 2019 Season with music, activations and food trucks.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with SAFE Management to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Superior EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Zip Line
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Auster

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

921 *Ford Field, request to host "Lions Pregame Tailgate" at the Brush St. & Adams St. outside of Ford Field, on 8/2/19 - 12/29/19 with various times, Set-up to begin 4 hours before start of event, Tear down two hours at the end of the event, multiple street closures*

City of Detroit Special Events Application

8/2/2019

#921

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Lions Pregame Tailgate

Event Location: Brush St and Adams St outside of Ford Field

Is this going to be an annual event? ☒ Yes ☐ No Depends on Lions Schedule

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ford Field

Organization Mailing Address: 2000 Brush St, Suite 200 Detroit, MI 48226

Business Phone: 313-262-2000

Business Website: www.fordfield.com

Applicant Name: Kristen Dale

Business Phone: 313-262-2187

Cell Phone: 989-529-2059

Email: Kristen.Dale@lions.nfl.net

Event On-Site Contact Person:

Name: Ryan Marut

Business Phone: 313-262-2166

Cell Phone: 313-549-6604

Email: Ryan.Marut@lions.nfl.net

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 3,000-6,000

Please provide a brief description of your event:

Tailgate area prior to all Detroit Lions home games with music, activations, food trucks, etc.

Consistent with prior NFL seasons.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: _____ Time: _____ Complete Set-up Date: _____ Time: _____
Setup will begin 4 hours prior to start each day. See below for specific dates and times.

Event Start Date: _____ Time: _____ Event End Date: _____ Time: _____
Start times vary. See below for dates and times.

Begin Tearing Down Date: _____ Complete Tear Down Date: _____
Tear down will be complete within 2 hours after the end of the game.

NOTE: For the 9.28 and 9.29 dates, we may leave this set up overnight. This is still TBD

Event Times (If more than one day, give times for each day):

(8.2, 4p-8p), (8.8, 4:30p-7:30p), (8.23, 5p-8p), (9.15, 10a-1p), (9.28, 9a-12p), (9.29, 10a-1p), (10.20, 10a-1p), (10.27, 10a-1p), (11.17, 10a-1p), (11.28, 10a-1p)
(12.15, 10a-1p), (12.29, 10a-1p)

Section 3- LOCATION/SITE INFORMATION

Location of Event: Brush St btwn Beacon and Montcalm; Adams St btwn John R and Brush

Facilities to be used (circle): ☒ Street ☒ Sidewalk ☐ Park ☐ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following: Layout consistent with prior year's events.

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Portable speakers

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☒ Alcoholic Beverages

Indicate type of items to be sold: T-Shirts, Hats, Jerseys, other Lions Merch, Hot Dogs, Soda, Water, Beer

Will there be food trucks? ☒ Yes ☐ No

If yes, please list how many: Varies each week (1-4)

Will there be a charge for parking? ☒ Yes ☐ No

If yes, please describe the amount: No separate parking fee applies to the events. Parking is charged for NFL games in general.

How will you advise attendees of parking options? Signage and Website

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: S.A.F.E. Management

Contact Person: Jon Seibt

Address: 2000 Brush St

Phone: 313-262-2273

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: TBD

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Event is open to the public. Peds are welcome to walk through. Security will be on site to ensure safety of guests. Applicant also enters into various contractual services

agreements with each of the City of Detroit, the Wayne County Sheriff's Office and the Michigan State Police for uniformed and undercover day-of-event law enforcement services

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event: Ford Field neighbors have been notified of the Lions

schedule and are aware of this event related to each Lions game

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Power, if needed, is accommodated by connection to Ford Field building power.

Name of vendor providing generators: Contact Person: N/A

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Superior

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: Bob's Sanitation Service Inc.

Address:

Phone:

City/State/Zip:

Name of private catering company? Levy Restaurants

Contact Person: Matt Svacina

Address: 2000 Brush St.

Phone: 313-262-2182

City/State/Zip:

Detroit, MI 48226

SPECIAL USE REQUESTS

Brush Street & Adams St (specific areas below) are closed as part of DPD's gameday security plan and this event is held within the same area

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Brush St.

FROM: Beacon TO: Montcalm

CLOSURE DATES: Each Event Day BEG TIME: 4 Hours Prior to Start Time END TIME: 2 Hours After Lions Game Ends

REOPEN DATE: _____ TIME: _____

STREET NAME: Adams St.

FROM: Brush TO: John R

CLOSURE DATES: Each Event Day BEG TIME: 4 Hours Prior to Start Time END TIME: 2 Hours After Lions Game Ends

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

Insurance certificate attached. There are no separate contracts or agreements for the remaining services as these services are included within the scope of normal operations for Ford Field and the surrounding area on NFL gamedays and there are no agreements for these services that are specific to the events for which this application is being filed.

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Kristen Dale

5.23.19

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Lions Pregame Tailgate Event

Date: Various - See Above

Event Organizer:

DLI Properties, L.L.C., c/o Kristen Dale

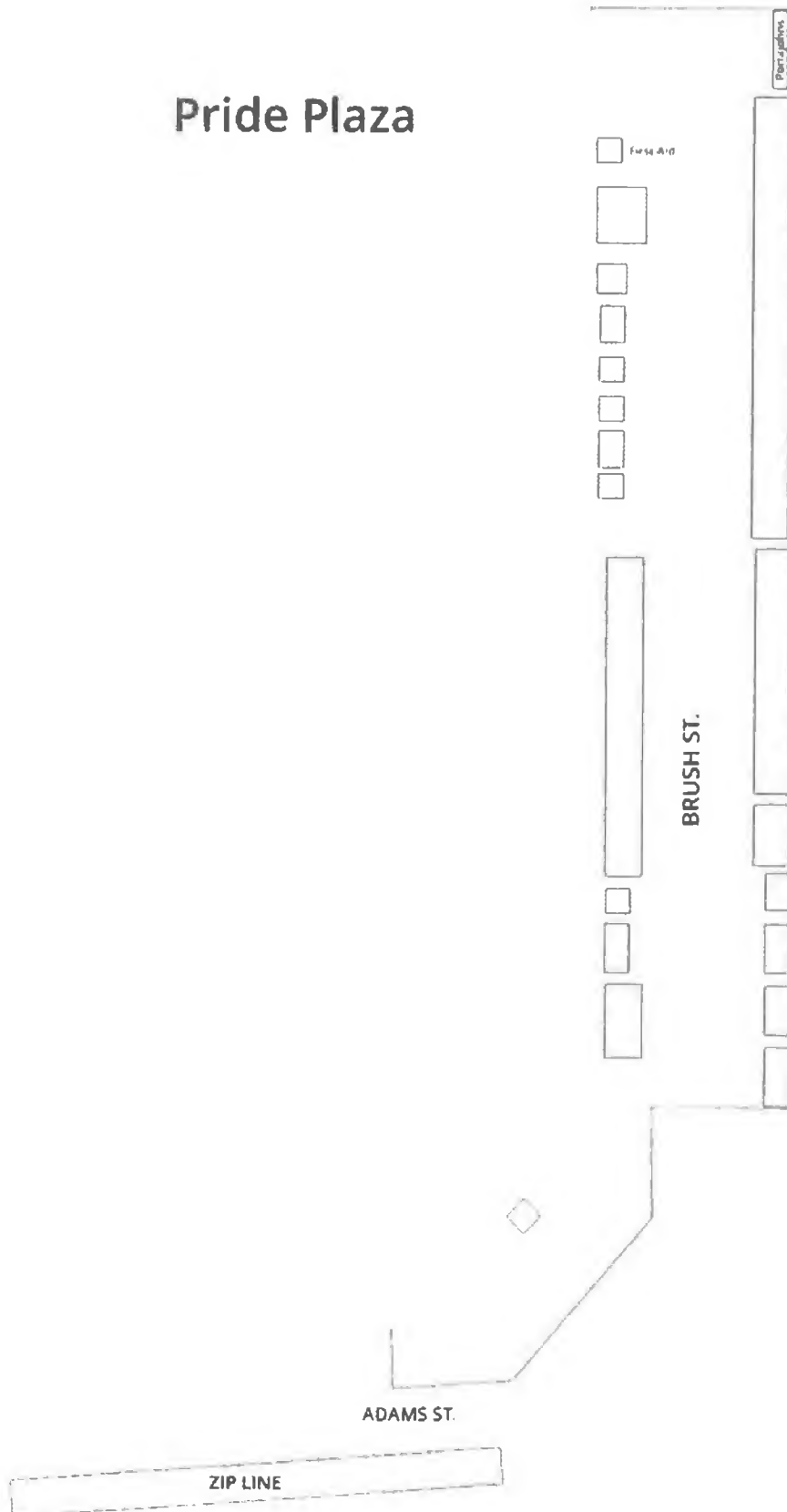
Applicant Signature:

Kristen Dale

Date:

5.23.19

Pride Plaza



50 Feet

SuperGamesOH



Reaches up to 22' high
Zip up to 10 feet

Weight Limit
Min - 45 lbs.
Max - 250 lbs.

#sgzip

www.SuperGames.org

4-846-8946







DETRLIO-02

KHON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Huttenlocher Group 1007 W. Huron Street Waterford, MI 48328	CONTACT NAME: Kristie L. Hon, CIC, CISR PHONE (A/C, No, Ext): (248) 681-2100 FAX (A/C, No): (248) 681-0362 E-MAIL ADDRESS: kristieh@huttenlochergroup.com	
INSURED The Detroit Lions, Inc. 222 Republic Drive Allen Park, MI 48101	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Casualty Company	11991
	INSURER B: Federal Insurance Company	20281
	INSURER C: Liberty Mutual Insurance Company	23043
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		6L-KRO-00000078993-00	3/31/2019	3/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73602353	3/31/2019	3/31/2020	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			6L-XKO-00000078994-00	3/31/2019	3/31/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ Aggregate \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC534S085466	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Detroit is an Additional Insured as pertains to the Tailgate Operations of the named insured.

CERTIFICATE HOLDER

CANCELLATION

City of Detroit
1301 3rd Ave. 3rd FL.
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: #973 Event Name: 2019 2nd Annual Block Party

Event Date : July 21, 2019

Street Closure: Agnes Street

Organization Name: Live Cycle Delight

Street Address: 8900 East Jefferson #422 Detroit, MI

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Block Party</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

2nd Annual Block Party located on Agnes Street between Van Dyke & Parker Street from 11:00am - 4:00pm.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 29 JUN 2019 PM4:09

ENTERED JUL 08 2019 - MTNB JA (3.0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Fisher

Date: 6-28-19

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE RECREATION DEPARTMENT
BUILDINGS SAFETY ENGINEERING FIRE DEPARTMENT
POLICE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

973 *Live Cycle Detroit, request to host "2019 2nd Annual Block Party" in West Village on 7/21/2019 from 11am to 4pm, Set-up on the same day from 9:30am - 11am, Tear down following the event, Street closure on 8019 Agnes from Van Dyke to Parker.*

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 1, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION

973 *Live Cycle Detroit, request to host "2019 2nd Annual Block Party" in West Village on 7/21/2019 from 11am to 4pm, Set-up on the same day from 9:30am - 11am, Tear down following the event, Street closure on 8019 Agnes from Van Dyke to Parker.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 2nd Black Party

Event Location: West Village

Is this going to be an annual event? ☒ Yes ☐ No

Organization Name: Live Cycle Delight

Organization Mailing Address: 8900 East Jefferson #422

Business Phone: 313-423-6969

Business Website: www.livecycledelight.com

Applicant Name: Amina Daniels

Business Phone: 5

Cell Phone: 313-516-0424

Email: Amina@livecycleDelight.com

Event On-Site Contact Person:

Name: Amina Daniels

Business Phone: 813-423-6969

Cell Phone: 313-516-0424

Email: itsvycledelight@gmail.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Black Party

Projected Number of Attendees: 80-150

Please provide a brief description of your event:

This is an opportunity to unite the community of Indian Village, West Village & Island View outside in activity & food

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 7/21/19 Time: 9:30 am

Complete Set-up Date: 7/21/19 Time: 11 am

Event Start Date: 7/21/19 Time: 11am Event End Date: 7/21/19 Time: 4pm

Begin Tearing Down Date: 7/21/19 Complete Tear Down Date: 7/21/19

Event Times (If more than one day, give times for each day):

N/A

Location of Event:

2019 Agnes between VanDyke & Parker

Facilities to be used (circle):
Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Describe the entertainment for this year's event:

DS on the sidewalk, aerial yoga

Will a sound system be used?



Yes

☐ No

If yes, what type of sound system?

DS equipment

Section 5- SALES INFORMATION

Will there be advanced ticket sales?

☐ Yes

☒ No

If yes, please describe:

Will there be on-site ticket sales?

☐ Yes

☒ No

If yes, list price(s):

Will there be vending or sales?

☒ Yes

☐ No

If yes, check all that apply:

☒ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks?

☐ Yes

☒ No

If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No
If yes, please describe the amount:

How will you advise attendees of parking options?

Street Parking Adjusment

Name of Private Security Company:

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Our event will take place on a Sunday, we will attract the neighbourhood. Participants & patrons can park in the rear.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

I have reached out to our WVB Business Association, Red Hook & DVS approved the event. DVS will participate. Fama Floral also agreed to the 2nd Annual Black Party.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

there is no need for generator, outlets will be used @ the main for the DJ.

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

NA
|

Emergency medical services?

NURSE ON SITE TBA

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures?

☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: 8019 AGUS

FROM: Van Dyke TO: Parker

CLOSURE DATES: 10/10/10 *10am BEG TIME: 10:35am END TIME:

REOPEN DATE: 4 TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

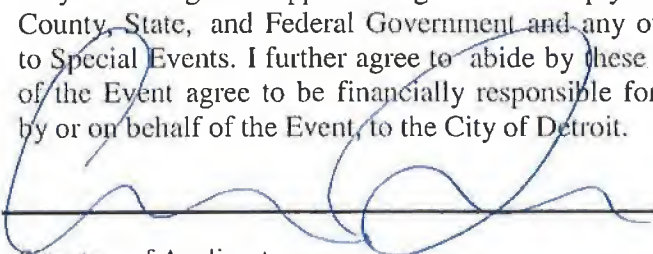
PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

NA

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.


Signature of Applicant

6/24/19
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 2nd Annual / 100 Black Party Event Date: 7/21/19

Event Organizer: Amina c/o Live Cycle Delights

Applicant Signature: 
Date: 6/25/19

4+5

Tuesday, July 9, 2019 Formal Session

LAW DEPARTMENT

Benson, Proposed Ordinance to amend Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, to include Section 24-14-1, *Purpose*; Section 24-14-2, *Definitions*; Section 24-14-3, *Municipal greenhouse gas emission benchmarks*; Section 24-14-4, *City-wide greenhouse gas emission benchmarks*; Section 24-14-5, *Municipal greenhouse gas assessment*; Section 24-14-6, *City-wide greenhouse gas assessment*; Section 24-14-7, *Annual report to City Council*, to assess the municipal and city-wide greenhouse gas emissions; and with the compiled data collected set forth attainable benchmarks, make strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City Council of progress made. **INTRODUCE**

Benson, reso. autho. Setting a Public Hearing on the forgoing ordinance amendment.



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3437
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV

79
50
46

June 28, 2019

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Amendment To Chapter 24, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, and including Sections 24-14-1 through 24-14-7.

Honorable City Council:

The Law Department has prepared an ordinance proposed by Council Member Scott Benson, which addresses greenhouse gas emissions in the City of Detroit. This local law will be amending Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, and adding Sections 24-14-1 through 24-14-7. The purpose of the ordinance is to conduct city-wide assessments to measure the City's greenhouse gas emissions, set forth attainable benchmarks and make strategic efforts to lower the City's carbon footprint. The vision of the ordinance is to create achievable goals to make Detroit more environmentally friendly and uphold the City's pledge under the Paris Climate Agreement to lower greenhouse gas emissions in the community. A copy of the ordinance, which has been approved as to form, is attached for your consideration.

I look forward to discussing this important legislation with this Honorable Body.

Respectfully Submitted,

Mary Parisien

Mary Parisien
Assistant Corporation Counsel
City of Detroit Law Department
Municipal Section

ENTERED JUL 08 2019

- MTNB to introduce + set a public hearing
JA (3-0)

S U M M A R Y

AN ORDINANCE to amend Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, to include Section 24-14-1, *Purpose*; Section 24-14-2, *Definitions*; Section 24-14-3, *Municipal greenhouse gas emission benchmarks*; Section 24-14-4, *City-wide greenhouse gas emission benchmarks*; Section 24-14-5, *Municipal greenhouse gas assessment*; Section 24-14-6, *City-wide greenhouse gas assessment*; Section 24-14-7, *Annual report to City Council*, to assess the municipal and city-wide greenhouse gas emissions; and with the compiled data collected set forth attainable benchmarks, make strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City Council of progress made.

1 **BY COUNCILMEMBER _____ :**

2 **AN ORDINANCE** to amend Chapter 24 of the 1984 Detroit City Code, *Health and*
3 *Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, to include Section 24-14-1,
4 *Purpose*; Section 24-14-2, *Definitions*; Section 24-14-3, *Municipal greenhouse gas emission*
5 *benchmarks*; Section 24-14-4, *City-wide greenhouse gas emission benchmarks*; Section 24-14-5,
6 *Municipal greenhouse gas assessment*; Section 24-14-6, *City-wide greenhouse gas assessment*;
7 Section 24-14-7, *Annual report to City Council*, to assess the municipal and city-wide greenhouse
8 gas emissions; and with the compiled data collected set forth attainable benchmarks, make
9 strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City
10 Council of progress made.

11 **IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT**
12 **THAT:**

13 **Section 1.** Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, be amended
14 by adding Article XIV, *Greenhouse Gas Inventory*, by adding Sections 24-14-1 through 24-14-7,
15 to read as follows:

16 **CHAPTER 24. HEALTH AND SANITATION**

17 **ARTICLE XIV. GREENHOUSE GAS INVENTORY**

18 **Sec. 24-14-1. Purpose.**

19 The City of Detroit recognizes the harmful effect greenhouse gas emissions has on our
20 environment. Climate change poses a serious threat to the economic well-being, public health,
21 natural resources and neighborhoods in the City. In an effort to combat climate change the City of
22 Detroit has pledged to uphold the Paris Climate Agreement, which is an international commitment
23 to limit global temperature. The City seeks to align with global standards by identifying and
24 quantifying greenhouse gas emissions emitted throughout the City. The City will work toward

reducing its carbon footprint and set achievable goals to better the overall health and wellbeing of the community and its environment.

Sec. 24-14-2. Definitions.

Carbon footprint means the amount of carbon dioxide and other carbon compounds emitted due to the consumption of fossil fuels by a particular person, group, or entity.

Carbon sinks means forests and other vegetation that remove carbon from the atmosphere.

City-wide greenhouse gas emissions means carbon dioxide and other carbon compounds emitted by entities in the City of Detroit that are non-municipal facilities.

Fugitive emissions means unintended greenhouse gas emissions from the processing, transmission, and transportation of fossil fuels.

Greenhouse gas (GHG) means any gas that absorbs infrared radiation in the atmosphere. Greenhouse gases include carbon dioxide, methane, nitrous oxide, ozone, chlorofluorocarbons, hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride.

Greenhouse gas emission benchmark means a standard or point of reference against which carbon emissions may be compared or assessed.

Greenhouse gas inventory means an accounting of greenhouse gas emissions for a specific period of time.

Municipal greenhouse gas emissions means carbon dioxide and other carbon compounds emitted by the City of Detroit government buildings, facilities, vehicles, fleets and methods of public transportation.

Office of Sustainability means a City of Detroit office created by the Mayor that develops and implements policies and practices in collaboration with City departments and agencies that focus on enhancing the City's environment.

1 **Sec. 24-14-3. Municipal greenhouse gas emission benchmarks.**

2 The City completed an assessment of its municipal GHG emissions in 2012. The municipal
3 operations were assessed at 1.18 million tons of carbon dioxide equivalent. The City seeks to
4 achieve the following reductions in municipal GHG emissions as follows:

5 (1) 35 percent below 2012 levels by 2024;

6 (2) 75 percent below 2012 levels by 2034; and,

7 (3) 100 percent below 2012 levels by 2050.

8 **Sec. 24-14-4. City-wide greenhouse gas emission benchmarks.**

9 The City completed an assessment of city-wide GHG emissions in 2012. The city-wide
10 GHG emissions were assessed at 10.6 million tons of carbon dioxide equivalent. The City will
11 strive to work toward reducing city-wide GHG emissions by 30 percent below 2012 levels by
12 2025.

13 **Sec. 24-14-5. Municipal greenhouse gas assessment.**

14 (a) An inventory of municipal GHG emissions shall be completed once every four
15 years, with the first such assessment completed by August 1, 2020 with a review of 2019 municipal
16 GHG emissions.

17 (b) The assessment shall account for the following:

18 (1) Gas and electric used in owned and leased municipal buildings and facilities;

19 (2) Street lighting and traffic signals;

20 (3) Solid waste fugitive sources and incineration, including: landfill gas, incinerator
21 emissions, fugitive emissions from public and private waste processes, sludge
22 incineration; process emissions from waste water treatment; petroleum refining;
23 and solid waste landfill disposal;

- (4) Wastewater drainage, treatment and disposal;
- (5) Water supply facilities collection, treatment and distribution; and,
- (6) Municipal transportation, and,
- (7) Other sources as recommended by the entity conducting the assessment.

Sec. 24-14-6. City-wide greenhouse gas assessment.

(a) An inventory of city-wide GHG emissions shall be completed once every four years, with the first such assessment completed by August 1, 2020 with a review of 2019 city-wide GHG emissions.

(b) The assessment shall account for the following:

(1) Gas and electric used in existing private buildings and infrastructure, including: residential, commercial and industrial buildings and facilities;

(2) Solid waste fugitive sources and incineration, including: landfill gas, incinerator emissions, fugitive emissions from public and private waste processes, sludge incineration; process emissions from waste water treatment; petroleum refining; and solid waste landfill disposal;

(3) Fugitive emissions from mining, processing, storage and transportation of coal;

(4) Fugitive emissions from oil and natural gas systems;

(5) Land use impacts, which may include tree planting, tree canopies, vegetated areas and creation of carbon sinks in all communities within the City;

(6) Agriculture, forestry and fishing activities;

(7) Transportation including: vehicles, railways, waterborne navigation, and aviation;

(8) Wastewater drainage, treatment and disposal; and

(9) Other sources as recommended by the entity conducting the assessment.

1 **Sec. 24-14-7. Annual report to City Council.**

2 (a) The Office of Sustainability shall provide an annual report to City Council. The
3 report shall review the actions to reduce municipal and city-wide GHG emissions and shall
4 include:

5 (1) An analysis as to whether the City has achieved the benchmarks set forth in
6 Sections 24-14-3 and 24-14-4 of this Code;

7 (2) Details of the measures taken by the City to reduce municipal and city-wide GHG
8 emissions;

9 (3) Details of future strategies that may be implemented city-wide and within the
10 municipality to reduce GHG emissions, and

11 (4) Detailed estimates of the following:

12 a. The cost to implement the identified municipal GHG emissions reduction
13 measures;

14 b. The annual cost reduction in municipal GHG emissions anticipated as a
15 result of the identified GHG emission reduction measures;

16 c. The annual savings anticipated as a result of the identified municipal GHG
17 emissions reduction measures;

18 d. A long-term estimate as to the total municipal GHG emissions reductions
19 anticipated by 2024, 2034, and 2050 as a result of the identified GHG
20 emissions reduction measures;

21 e. The net savings anticipated by 2024, 2034, and 2050 as a result of the
22 identified municipal GHG emissions reduction measures.

1 (b) The Director of the Office of Sustainability, or his or her designee, shall submit a
2 report to City Council concerning the review of all actions taken, and the findings of any
3 assessment completed, by January 31st of each year.

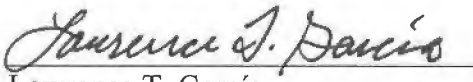
4 **Secs. 24-14-8—24-14-20. Reserved.**

Section 2. All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

Section 3. This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the People of the City of Detroit.

Section 4. Where this ordinance is passed by a two thirds (2/3) majority of City Council Members serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-118(1) of the 2012 Detroit City Charter. Where this ordinance is passed by less than two thirds (2/3) majority of City Council Members serving, it shall become effective thirty (30) days after publication in accordance with Section 4-118(2) of the 2012 Detroit City Charter.

Approved as to form:


Lawrence T. García
Corporation Counsel

RESOLUTION SETTING A PUBLIC HEARING

By Council Member Benson:

Resolved, That a public hearing will be held by this body in the Committee Room, 13th Floor of the Coleman A. Young Municipal Center for the purpose of considering the advisability of adopting the foregoing Proposed Ordinance to amend Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, by adding Article XIV, *Greenhouse Gas Inventory*, to include Section 24-14-1, *Purpose*; Section 24-14-2, *Definitions*; Section 24-14-3, *Municipal greenhouse gas emission benchmarks*; Section 24-14-4, *City-wide greenhouse gas emission benchmarks*; Section 24-14-5, *Municipal greenhouse gas assessment*; Section 24-14-6, *City-wide greenhouse gas assessment*; Section 24-14-7, *Annual report to City Council*, to assess the municipal and city-wide greenhouse gas emissions; and with the compiled data collected set forth attainable benchmarks, make strategic efforts to lower greenhouse gas emissions city-wide, and provide an annual report to City Council of progress made..



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

83
54
6

June 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate a Sub-award of the FY 2016 Police-Prosecution Initiative Grant

The Wayne County Prosecuting Attorney's Office has awarded the City of Detroit Police Department with the FY 2016 Police-Prosecution Initiative Grant for a total of \$303,570.00. This grant is a sub-award from the Bureau of Justice Assistance to Wayne County. There is no match requirement for this grant.

The objective of the grant is to reduce non-fatal shootings and homicides in the 9th precinct. The funding allotted to the department will be utilized to create a dedicated non-fatal shooting team that will respond to all non-fatal shootings in the 9th precinct.

If approval is granted to accept and appropriate this funding, the appropriation number is 20666.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

ENTERED JUL 08 2019

— MTNB (Pending additional information) JA (3.0)

CITY OF DETROIT

RESOLUTION

Council Member _____

WHEREAS, the Detroit Police Department is requesting authorization to accept a grant of reimbursement from Wayne County, in the amount of \$303,570.00, to reduce non-fatal shootings and homicides in the 9th precinct; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20666, in the amount of \$303,570.00, for the FY 2016 Police-Prosecution Initiative Grant.

**FY16 BJA POLICE-PROSECUTOR PARTNERSHIP INITIATIVE
SUBAWARD AGREEMENT**

**Between the
THE CHARTER COUNTY OF WAYNE**

**And the
CITY OF DETROIT**

REFERENCE: Federal Award #: 2017-DG-BX-K012;

CFDA #16.751

THIS SUBRECIPIENT AGREEMENT hereinafter referred to as the "Agreement," is a contract between the Charter County of Wayne, Michigan, a body corporate and a Michigan Charter County, acting by and through the Wayne County Prosecuting Attorney's Office ("County") the City of Detroit, a Michigan municipal corporation, acting by and through its Police Department ("City"). This Agreement sets forth the terms between the parties beginning October 1, 2017 concerning the Police-Prosecutor Partnership Initiative grant project and award.

1. PURPOSE

1.01 This Agreement is entered into with specific federal authorization under grant award number 2017-DG-BX-K012 and for the purpose of providing police support to the Non-fatal Shooting Grand Jury project.

1.02 Federal authorization of this subaward to the City is a result of the inclusion of a sufficiently-detailed description and justification of the proposed subaward in the application as approved by the Office of Justice Programs. The City is a subrecipient of the County's grant award referenced herein.

1.03 To this end, the City will be reimbursed for costs incurred for performance on the grant project up to but not more than \$303,570.

2. FEDERAL AWARD IDENTIFICATION

2.01 Funding Source and Agreement Amount

- a. The County under the terms of this Agreement, will provide federal pass-through funding not to exceed \$303,570 in the form of a subaward to the City from the County's FY16 Police-Prosecution Initiative grant award; Award No. 2017-DG-BX-K012.
- b. The City's DUNS number is 137199266.
- c. The Federal Award Identification Number is 2017-DG-BX-K012.
- d. The Federal Award date is September 21, 2017.
- e. The Catalog of Federal Domestic Assistance (CFDA) number is 16.751.
- f. The CFDA Title is the Edward Byrne Memorial Competitive Grant Program.
- g. The solicitation's name under which this Agreement is formed is "The Police-Prosecutor Partnership Initiative FY 2016 Competitive Grant Announcement."
- h. The awarded project's full title is "The Detroit Non-Fatal Shooting Grand Jury Project: An Innovative Problem-Solving Strategy to Reduce Non-Fatal Shootings and Homicides."
- i. The total Federal Award amount is \$1,000,000.
- j. The type of award is a cooperative agreement.
- k. The Federal Awarding Agencies are the Bureau of Justice Assistance (BJA) and the Office of Justice Programs (OJP).

2.02 Grant Summary: The Detroit Police Department and the Wayne County Prosecutor's Office propose to reduce the non-fatal shootings (NFS) and homicides by 10% in the Detroit Police Department's 9th precinct by reinventing the criminal justice response to NFS. The Detroit NFS Grand Jury project will rely on a one-man grand jury combined with a witness protection program to assist with investigations and indictments.

- j. Article 12 of Chapter 120 of the Wayne County Code governing "Ethics in Public Contracting."
- k. Section 120-46(f) of Chapter 120 of the Wayne County Code governing Prompt Payment of subcontractors.
- l. All applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

27.02 The City will inform its employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.

27.03 The City will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement. The City will also comply with all applicable general administrative requirements covering cost principles, grant/agreement principles, and audits in carrying out the terms of this Agreement.

28. JURISDICTION AND LAW

28.01 This Agreement, and all actions arising from it, must be governed by, subject to, and construed according to the law of the State of Michigan. The City consents to the personal jurisdiction of any competent court in Wayne County, Michigan, for any action arising out of this Contract. Service of process at the address and in the manner specified in this Contract will be sufficient to put the City on notice. The City will not commence any action against the County because of any matter arising out of or relating to the validity, construction, interpretation and enforcement of this Contract, in any courts other than those in the County of Wayne, State of Michigan unless original jurisdiction is in the United States District Court for the Eastern District of Michigan, Southern Division, the Michigan Supreme Court or the Michigan Court of Appeals.

29. AUTHORIZATION

29.01 The City warrants to the County that it has taken all corporate actions necessary for the authorization, execution, delivery and performance of this Agreement and is ready to perform its obligations. The City further warrants that the person signing this Contract is authorized to do so and is empowered to bind the City to this contract.

Signature Page Follows

The Authorized Official's signature below, represents the legal acceptance of the terms of this Agreement, including Certifications and Assurances.

Name of Authorized Official Kym L. Worthy	Title of Authorized Official Wayne County Prosecuting Attorney
Signature 	Date 9/7/18

Name of Authorized Official	Title of Authorized Official
Signature	Date

Name of Authorized Official	Title of Authorized Official
Signature	Date

Name of Authorized Official	Title of Authorized Official
Signature	Date

**ATTACHMENT 1
STATEMENT OF WORK**

Project Title: The Detroit Non-Fatal Shooting Grand Jury Project

Award Number: 2017-DG-BX-K012

Grantee: Wayne County Prosecutor's Office (County)

Subrecipient: Detroit Police Department (City)

Building on the success of the 10th Pct GJ and witness protection project, the Charter County of Wayne and the City of Detroit have entered into this project with a shared goal to reduce NFS and Homicides in the 9th Pct by 10%.

To this end, the City will complete the assigned activities identified in the BJA-approved Action Plan and make all reasonable efforts to complete said activities within the timeframe provided.

The County will make sure that the City receives a copy of the Action Plan once it is approved by BJA.

**ATTACHMENT 2
SUBRECIPIENT PROJECT BUDGET**

Project Title: The Detroit Non-Fatal Shooting Grand Jury Project

Award Number: 2017-DG-BX-K012

Grantee: Wayne County Prosecutor's Office (County)

Subrecipient: Detroit Police Department (City)

I. General

(a) The City shall be paid for those Services performed pursuant to this Agreement a maximum amount of, three hundred three thousand, five hundred seventy dollars (\$303,570) , for the term of this Agreement.

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the County of invoices for payment in accordance with the terms of this Agreement.

II. Project Fees

(a) The following chart outlines the costs for this project:

Personnel (Overtime): \$297,050

Supplies: \$2,000

Travel: \$4,520

Total: \$303,570



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

84
55
7

June 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate the FY 2019 Child Lead Exposure Elimination Innovation Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2019 Child Lead Exposure Elimination Innovation Grant for a total of \$150,000.00. There is no match requirement. The grant period is June 1, 2019 through May 31, 2020.

The objective of the grant is to pilot an innovative model to eliminate exposure to lead and childhood lead poisoning. The funding allotted to the department will be utilized to administer lead screenings for children and to complete educational modules for children and parents. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20665.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department
This request has been approved by the Office of Budget

ENTERED JUL 08 2019 - MINB JA RD

CITY CLERK 2019 JUL 25 10:44

Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$150,000.00, to eliminate exposure to lead and childhood lead poisoning; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20665, in the amount of \$150,000.00, for the FY 2019 Child Lead Exposure Elimination Innovation Grant.

**Grant Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"**

and

**Detroit Health Department
City Treasurer 1151 Taylor Ste 333-C
Detroit MI 48202 1732**

**Federal I.D.#: 38-6004606, DUNS#: 006530661
hereinafter referred to as the "Grantee"**

for

Child Lead Exposure Elimination Innovation Grant - 2019

Part I

1. Period of Agreement:

This agreement will commence on June 1, 2019, and continue through May 31, 2020. No service will be provided and no costs to the state will be incurred prior to June 1, 2019 of the Agreement. Through the Agreement June 1, 2019 shall be referred to as the begin date. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount

The total amount of this agreement is \$150,000.00. The Department under the terms of this agreement will provide funding not to exceed \$150,000.00. The source of funding provided by the Department and approved indirect rate shall be followed as described in Attachment 1 of this agreement, which is part of this agreement through reference.

The grant agreement is designated as a:

- Subrecipient relationship (federal funding); or
- X Recipient (non-federal funding).

The grant agreement is designated as:

- Research and development project; or
- X Not a research and development project.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. Purpose:

The focus of the program is to pilot an innovative model for the elimination of exposure to lead and therefore the elimination of childhood lead poisoning.

4. Statement of Work:

The Grantee agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.

5. Financial Requirements:

The financial requirements shall be followed as described in Part II of this agreement and Attachments B, which are part of this agreement.

6. Performance/Progress Report Requirements:

The progress reporting methods shall be followed as described in Part II and Attachment C, which are part of this agreement.

7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement.

A Attachment A - Statement of Work

Objective :	By May 31st, 2020 increase lead testing rate of children aged 2 and younger by 20% among participating providers
Activity :	Obtain provider profile data to develop baseline rates and identify low performing providers for targeting outreach and education
Responsible Staff :	DHD Program Analyst, MHP Provider Outreach Staff
Date Range :	06/03/2019 - 06/28/2019
Expected Outcome :	Increased lead testing rates among children aged 0-2
Measurement :	Blood lead testing rates based on data provided by participating Medicaid Health Plans
Activity :	Create provider dashboard template
Responsible Staff :	DHD Program Analyst, MHP Provider Outreach Staff, WCHAP Executive Director
Date Range :	06/03/2019 - 06/28/2019
Expected Outcome :	Increased lead testing rates among children aged 0-2
Measurement :	Blood lead testing rates based on data provided by participating Medicaid Health Plans
Activity :	Prepare and distribute initial and subsequent quarterly provider testing dashboard
Responsible Staff :	DHD Program Analyst, MHP Provider Outreach Staff, WCHAP Executive Director
Date Range :	10/01/2019 - 05/29/2020
Expected Outcome :	Increased lead testing rates among children aged 0-2
Measurement :	Blood lead testing rates based on data provided by participating Medicaid Health Plans
Activity :	Hold monthly meetings to review progress towards goals and technical support to providers
Responsible Staff :	DHD Program Analyst MHP Provider Outreach Staff
Date Range :	10/01/2019 - 05/29/2020
Expected Outcome :	Increased lead testing rates among children aged 0-2
Measurement :	Blood lead testing rates based on data provided by participating Medicaid Health Plans
Activity :	Conduct outreach to consistently low-performing providers and offer technical assistance in setting up PDSA project
Responsible Staff :	WCHAP Executive Director DHD Program Analyst (support)
Date Range :	11/12/2019 - 05/29/2020
Expected Outcome :	Increased lead testing rates among children aged 0-2
Measurement :	Blood lead testing rates based on data provided by participating Medicaid Health Plans
Activity :	Develop and distribute Universal Testing campaign
Responsible Staff :	DHD Program Analyst, DHD Communications Director
Date Range :	08/01/2019 - 05/29/2020
Expected Outcome :	Increased lead testing rates among children aged 0-2
Measurement :	Blood lead testing rates based on data provided by participating Medicaid Health Plans
Objective :	Project SMART Objective 2: By May 31st, 2020, Increase the percentage of venous confirmatory testing by 5% among participating providers.
Activity :	Obtain baseline data on venous confirmatory test rate from participating providers

Responsible Staff : DHD Program Analyst
Date Range : 06/03/2019 - 06/28/2019
Expected Outcome : Increased confirmatory venous testing rates among participating providers
Measurement : Confirmatory venous testing rates based Medicaid health plan data

Activity : Initiate PDSA cycle to better understand root causes of low venous testing rates
Responsible Staff : WCHAP Executive Director DHD Program Analyst (supporting)
Date Range : 09/02/2019 - 09/30/2019
Expected Outcome : Increased confirmatory venous testing rates among participating providers
Measurement : Confirmatory venous testing rates based Medicaid health plan data

Activity : Track progress using monthly dashboards and monthly meetings to review progress towards goals and technical support to providers
Responsible Staff : DHD Program Analyst, DHD Lead Intervention and Prevention Manager
Date Range : 10/01/2019 - 05/29/2020
Expected Outcome : Increased confirmatory venous testing rates among participating providers
Measurement : Confirmatory venous testing rates based Medicaid health plan data

Activity : Present barriers and solutions at Grand Rounds and CME events
Responsible Staff : WCHAP Executive Director
Date Range : 01/01/2020 - 05/29/2020
Expected Outcome : Increased confirmatory venous testing rates among participating providers
Measurement : Confirmatory venous testing rates based Medicaid health plan data

B1 Attachment B1 - Program Budget Summary

PROGRAM Child Lead Exposure Elimination Innovation Grant - 2019			DATE PREPARED 6/6/2019		
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 6/1/2019 To : 5/31/2020		
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-6004606		

	Category	Total	Amount	Cash	Inklnd
DIRECT EXPENSES					
Program Expenses					
1	Salary & Wages	0.00	0.00	0.00	0.00
2	Fringe Benefits	0.00	0.00	0.00	0.00
3	Travel	0.00	0.00	0.00	0.00
4	Supplies & Materials	0.00	0.00	0.00	0.00
5	Contractual	150,000.00	150,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)	0.00	0.00	0.00	0.00
7	Other Expense	0.00	0.00	0.00	0.00
Total Program Expenses		150,000.00	150,000.00	0.00	0.00
TOTAL DIRECT EXPENSES		150,000.00	150,000.00	0.00	0.00
INDIRECT EXPENSES					
Indirect Costs					
1	Indirect Costs	0.00	0.00	0.00	0.00
Total Indirect Costs		0.00	0.00	0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00	0.00	0.00
TOTAL EXPENDITURES		150,000.00	150,000.00	0.00	0.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inklnd
1	Source of Funds				
	Fees and Collections	0.00	0.00	0.00	0.00
	State Agreement	150,000.00	150,000.00	0.00	0.00
	Local	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
Total Source of Funds		150,000.00	150,000.00	0.00	0.00
Totals		150,000.00	150,000.00	0.00	0.00

B2 Attachment B2 - Program Budget - Cost Detail Schedule

	Line Item	Qty	Rate	Units	UOM	Total	Amount	Cash	Inkind
DIRECT EXPENSES									
Program Expenses									
1	Salary & Wages								
2	Fringe Benefits								
3	Travel								
4	Supplies & Materials								
5	Contractual								
	Subcontracting Agency-SEMHA Contact Details : SEMHA 3011 w . Grand Blvd. Ste 200, DETROIT,MI,48202, Phone : 3138736500	0.0000	0.000	0.000		150,000.0 0	150,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)								
7	Other Expense								
Total Program Expenses						150,000.0 0	150,000.00	0.00	0.00
TOTAL DIRECT EXPENSES						150,000.0 0	150,000.00	0.00	0.00
INDIRECT EXPENSES									
Indirect Costs									
1	Indirect Costs								
Total Indirect Costs						0.00	0.00	0.00	0.00
TOTAL INDIRECT EXPENSES						0.00	0.00	0.00	0.00
TOTAL EXPENDITURES						150,000.0 0	150,000.00	0.00	0.00



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

85
56
8

June 10, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant for a total of \$75,000.00. There is no match requirement. The grant period is June 1, 2019 through May 31, 2020.

The objective of the grant is to pilot an innovative model to eliminate childhood lead poisoning by introducing a more robust lead testing pilot project through the City of Detroit's Head Start Program. The funding allotted to the department will be utilized to administer lead screenings for children and to provide parents with the results and the information for venous blood lead testing, as well as treatment support, if needed. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 20664.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department
This request has been approved by the Office of Budget

ENTERED JUL 08 2019

-MNB

SAC(2.0)

CITY CLERK 2019 JUN 22 PM 4:13

Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Detroit Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$75,000.00, to eliminate childhood lead poisoning by introducing a more robust lead testing pilot project through the City of Detroit's Head Start Program; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20664, in the amount of \$75,000.00, for the FY 2019 Head Start Program Child Lead Exposure Elimination Innovation Grant.

Grant Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"
and
Detroit Health Department
City Treasurer 1151 Taylor Ste 333-C
Detroit MI 48202 1732
Federal I.D.#: 38-6004606, DUNS#: 006530661
hereinafter referred to as the "Grantee"
for
Child Lead Exposure Elimination Innovation Grant - 2019
Part I

1. Period of Agreement:

This agreement will commence on June 1, 2019, and continue through May 31, 2020. No service will be provided and no costs to the state will be incurred prior to June 1, 2019 of the Agreement. Through the Agreement June 1, 2019 shall be referred to as the begin date. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount

The total amount of this agreement is \$75,000.00. The Department under the terms of this agreement will provide funding not to exceed \$75,000.00. The source of funding provided by the Department and approved indirect rate shall be followed as described in Attachment 1 of this agreement, which is part of this agreement through reference.

The grant agreement is designated as a:

Subrecipient relationship (federal funding); or

☒ Recipient (non-federal funding).

The grant agreement is designated as:

Research and development project; or

☒ Not a research and development project.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. Purpose:

The focus of the program is to pilot an innovative model for the elimination of exposure to lead and therefore the elimination of childhood lead poisoning.

4. Statement of Work:

The Grantee agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.

5. Financial Requirements:

The financial requirements shall be followed as described in Part II of this agreement and Attachments B, which are part of this agreement.

6. Performance/Progress Report Requirements:

The progress reporting methods shall be followed as described in Part II and Attachment C, which are part of this agreement.

7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement.

Attachment 1

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES SCHEDULE OF FINANCIAL ASSISTANCE

Detroit Health Department

Source of Funds	Federal Agency Name	Catalog of Federal Domestic Assistance (CFDA)		Federal Award		Award Date	Grant Phase	Amount
		Number	Title	Award Number	Title			
State General Funds (01000)								75,000.00
			Total Allocation					75,000.00

The federal funding provided by the Department is \$0.00.

Attachment 1b - APPROVED INDIRECT RATE

APPROVED INDIRECT RATE (S)

Rate Description	Indirect Rate %	Rate Base \$	Total Approved Indirect Costs
Total Approved Indirect Costs			

A Attachment A - Statement of Work

Objective :	By May 2020, increase lead screening rates among children enrolled in Early Head Starts by 20%
Activity :	Finalize implementation plan, procedures and pre-visit checklist
Responsible Staff :	Program Manager
Date Range :	06/30/2019
Expected Outcome :	Increased lead screening rates among children enrolled in Early Head Starts
Measurement :	Blood lead levels as defined by capillary blood lead test
Activity :	Schedule first half of Early Head Start visits
Responsible Staff :	Program Manager
Date Range :	06/01/2019 - 09/30/2019
Expected Outcome :	Increased lead screening rates among children enrolled in Early Head Starts
Measurement :	Blood lead levels as defined by capillary blood lead test
Activity :	Obtain number of children needing lead screenings from Early Head Start prior to visit
Responsible Staff :	Service Integration Specialists
Date Range :	06/01/2019 - 09/30/2019
Expected Outcome :	Increased lead screening rates among children enrolled in Early Head Starts
Measurement :	Blood lead levels as defined by capillary blood lead test
Activity :	Obtain signed consent forms for lead screenings prior to visit. Reconcile missing information from parents prior to visit.
Responsible Staff :	Service Integration Specialists
Date Range :	06/01/2019 - 04/30/2020
Expected Outcome :	Increased lead screening rates among children enrolled in Early Head Starts
Measurement :	Blood lead levels as defined by capillary blood lead test
Activity :	Administer lead screenings to children
Responsible Staff :	Service Integration Specialists
Date Range :	07/01/2019 - 05/31/2020
Expected Outcome :	Increased lead screening rates among children enrolled in Early Head Starts
Measurement :	Blood lead levels as defined by capillary blood lead test
Activity :	Provide parents with results and information for venous blood lead testing, if needed
Responsible Staff :	Registered Nurse
Date Range :	07/01/2019 - 05/31/2020
Expected Outcome :	Increased lead screening rates among children enrolled in Early Head Starts
Measurement :	Blood lead levels as defined by capillary blood lead test
Objective :	By May 2020, 100% of families with children enrolled in Early Head Starts receive education on preventing lead exposure
Activity :	Complete educational modules for children and parents
Responsible Staff :	Program Manager
Date Range :	06/30/2019
Expected Outcome :	Families of children enrolled in Early Head Starts educated on preventing lead exposure
Measurement :	Number of families reached and educated through parent meetings

Activity : Finalize project overview and infographics to send home to parents prior to early head start visits
Responsible Staff : Program Manager, Service Integration Specialists
Date Range : 07/31/2019
Expected Outcome : Families of children enrolled in Early Head Starts educated on preventing lead exposure
Measurement : Number of families reached and educated through parent meetings

Activity : Attend early head start parent meetings to provide education on lead prevention and available MCH services
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Families of children enrolled in Early Head Starts educated on preventing lead exposure
Measurement : Number of families reached and educated through parent meetings

Activity : Provide education to children prior to receiving services
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Children enrolled in Early Head Starts educated on preventing lead exposure
Measurement : Number of children reached through lead testing and education within Early Head Start facilities

Activity : Assess parents and children for satisfaction of information provided
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Children enrolled in Early Head Starts, and their parents, satisfied with information and education provided on preventing lead exposure
Measurement : Parent and children surveys and/or assessments

Objective : By May 2020, 100% of eligible families linked to case management and lead abatement services.

Activity : Finalize referral system for warm hand off between Early Head Starts and DHD
Responsible Staff : Program Manager, Coordinating Team, Service Integration Specialists
Date Range : 07/31/2019
Expected Outcome : Eligible families linked to case management and lead abatement services
Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Activity : Provide referrals and resources to families at parent meetings
Responsible Staff : Service Integration Specialists
Date Range : 06/01/2019 - 05/31/2020
Expected Outcome : Eligible families linked to case management and lead abatement services
Measurement : Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services

Activity : Contact parents of children with EBL to provide lead nurse case management visits
Responsible Staff : Registered Nurse
Date Range : 07/01/2019 - 05/31/2020

Expected Outcome :	Eligible families linked to case management and lead abatement services
Measurement :	Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse
Activity :	Contact provider of children identified with high EBL
Responsible Staff :	Registered Nurse
Date Range :	07/01/2019 - 05/31/2020
Expected Outcome :	Children with elevated blood lead levels are connected with their provider to receive confirmatory venous test
Measurement :	Number of children receiving confirmatory venous testing from their provider
Activity :	Conduct home visits including nutrition screening, home visual assessment and linkages to needed health and human services
Responsible Staff :	Registered Nurse/Lead Advocate
Date Range :	07/01/2019 - 05/31/2020
Expected Outcome :	Eligible families linked to case management and lead abatement services
Measurement :	Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services
Activity :	Coordinate lead inspection, relocation assistance, and abatement services for eligible families
Responsible Staff :	Lead Advocate
Date Range :	07/01/2019 - 05/31/2020
Expected Outcome :	Eligible families linked to case management and lead abatement services
Measurement :	Number of families that receive case management from DHD Lead Advocates and/or Lead Nurse Number of families receiving lead abatement services and/or families that have filled out an application for lead abatement services
Activity :	Provide venous testing
Responsible Staff :	Phlebotomist
Date Range :	07/01/2019 - 05/31/2020
Expected Outcome :	Children with elevated blood lead levels receive confirmatory venous test
Measurement :	Number of children receiving confirmatory venous testing either from their provider or DHD phlebotomist

B1 Attachment B1 - Program Budget Summary

PROGRAM Child Lead Exposure Elimination Innovation Grant - 2019			DATE PREPARED 6/6/2019		
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 6/1/2019 To : 5/31/2020		
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-8004806		

	Category	Total	Amount	Cash	Inkind
DIRECT EXPENSES					
Program Expenses					
1	Salary & Wages	0.00	0.00	0.00	0.00
2	Fringe Benefits	0.00	0.00	0.00	0.00
3	Travel	0.00	0.00	0.00	0.00
4	Supplies & Materials	0.00	0.00	0.00	0.00
5	Contractual	75,000.00	75,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)	0.00	0.00	0.00	0.00
7	Other Expense	0.00	0.00	0.00	0.00
Total Program Expenses		75,000.00	75,000.00	0.00	0.00
TOTAL DIRECT EXPENSES		75,000.00	75,000.00	0.00	0.00
INDIRECT EXPENSES					
Indirect Costs					
1	Indirect Costs	0.00	0.00	0.00	0.00
Total Indirect Costs		0.00	0.00	0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00	0.00	0.00
TOTAL EXPENDITURES		75,000.00	75,000.00	0.00	0.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections	0.00	0.00	0.00	0.00
	State Agreement	75,000.00	75,000.00	0.00	0.00
	Local	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
	Total Source of Funds	75,000.00	75,000.00	0.00	0.00
	Totals	75,000.00	75,000.00	0.00	0.00

B2 Attachment B2 - Program Budget - Cost Detail Schedule

Line Item	Qty	Rate	Units	UOM	Total	Amount	Cash	Inkind	
DIRECT EXPENSES									
Program Expenses									
1	Salary & Wages								
2	Fringe Benefits								
3	Travel								
4	Supplies & Materials								
5	Contractual								
	Subcontracting Agency-SEMHA Contact Details : SEMHA 3011 w . Grand Blvd. Ste 200, DETROIT,MI,48202, Phone : 3138764820	0.0000	0.000	0.000		75,000.00	75,000.00	0.00	0.00
6	Equipment (unallowable in this RFP)								
7	Other Expense								
Total Program Expenses						75,000.00	75,000.00	0.00	0.00
TOTAL DIRECT EXPENSES						75,000.00	75,000.00	0.00	0.00
INDIRECT EXPENSES									
Indirect Costs									
1	Indirect Costs								
Total Indirect Costs						0.00	0.00	0.00	0.00
TOTAL INDIRECT EXPENSES						0.00	0.00	0.00	0.00
TOTAL EXPENDITURES						75,000.00	75,000.00	0.00	0.00



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

58
42
9

June 5, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to accept cash donation from the Community Foundation for Southeast Michigan in the amount of \$100,000.00

The Community Foundation for Southeast Michigan has awarded a cash donation to the Detroit Public Safety Foundation in the amount of \$100,000.00. There is no match requirement for this donation.

The objective of the cash donation to the department is:

- \$10,000.00 for the Detroit Police Department (DPD) Museum
- \$4,500 for the DPD Fit Program
- \$85,000.00 for the future DPD Wellness Center development, supplies, construction, etc

I respectfully ask your approval to accept and appropriate this donation in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

ENTERED JUL 08 2019 < MTNB JA (3.0)

CITY CLERK 2019 JUN 26 AM 1:53

Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Detroit Public Safety Foundation has been awarded a cash donation from the Community Foundation for Southeast Michigan in the amount of \$100,000.00; and

WHEREAS, this request has been approved by the Law Department; now

THEREFORE, BE IT RESOLVED, that the Detroit Public Safety Foundation is hereby authorized to accept a cash donation in the amount of \$100,000.00.

This deposit / withdrawal subject to Comerica's Business and Personal Deposit Account Contract.

FOR SOUTHEAST MICHIGAN

333 West Fort Street, Suite 2010
Detroit, MI 48226-3134

Donor Advised Fund

FIRST LINE SHOWS: TRANSACTION NUMBER, DATE, ACCOUNT NUMBER, AMOUNT.

SECOND LINE SHOWS: TRANSACTION TYPE, BANKING CENTER AND TELLER NUMBER, TIME, ACCOUNT TYPE.

Amount: \$100,000.00
Grantee: Detroit Public Safety Foundation
Purpose: Support for general operations
Suggested by: Mr. Gary H. Torgow
From the: Chemical Bank Fund

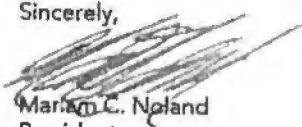
Dear Ms Kukula:

We are pleased to notify you that the above grant has been made to your organization. We would ask that you record this gift as a grant from the above fund in any listing of contributors.

Our making of this grant is conditioned on its use for the above stated purpose(s). Further, the grant is awarded with the condition that your organization is a 501(c)(3) tax-exempt public charity or a governmental agency as defined in Section 170(c)(1) of the Internal Revenue Code of 1986, and that the grant will not result in the private benefit of any individual, including the discharge of any pledge or financial obligation of any individual. Your acceptance of this grant and cashing the check below will indicate your agreement to these conditions and your agreement to return any funds not so used.

Please note that it is not necessary to issue a tax receipt for this grant as the Community Foundation is a 501(c)(3) public charity. Please contact Olivia Vaden at (313) 961-6675 if you have any questions about this grant. We are pleased to provide this support and wish you continued success.

Sincerely,


Marian C. Noland
President

cc: Mr. Gary H. Torgow

Detach and endorse check below before depositing.

Community Foundation

FOR SOUTHEAST MICHIGAN

333 West Fort Street, Suite 2010
Detroit, MI 48226-3134

Donor Advised Fund

Comerica Bank
Detroit, Michigan 48275
9-9720

80233

PAY

* One Hundred Thousand and no/100 *

May 31, 2019

\$ ***100,000.00

TO
THE
ORDER
OFDetroit Public Safety Foundation
ATTN: Ms Patti A. Kukula
1301 Third Street, Suite 547
Detroit, MI 48226
AUTHORIZED SIGNATURE

⑈080233⑈ ⑆072000096⑆ 1076029956⑈

RESOLUTION BY COUNCIL MEMBER *Ayers and Jones*

10

RESOLUTION IN SUPPORT OF SECURITY OFFICERS RIGHT TO ORGANIZE AND STRIKE

WHEREAS, Public monies - through tax abatements, gap funding, incentives and other subsidies - have largely fueled the widely-celebrated resurgence of downtown Detroit development projects that range from the renovation of long-shuttered office buildings to the construction of major venues like the new Hudson's building and Little Caesars Arena. In recent years, the Detroit City Council and Wayne County Commission have approved more than \$1 billion in tax incentives in and around the downtown district and citywide; and

WHEREAS, The security officers and first responders who provide the essential service of protecting and keeping downtown Detroit's rebirth safe, are among the hard-working Detroiters who have contributed their tax dollars to help to bring these projects to fruition, and ultimately contractors to be able to operate in this market and...

WHEREAS, Economically, working people are too often being left behind and are not experiencing the prosperity of Detroit's comeback. Working people across the city are coming together to fight for \$15 to support their families; **NOW THEREFORE BE IT**

RESOLVED, The Detroit City Council supports security officers' in their efforts to obtain a fast and fair process to organize in the workplace without interference. That Detroit's security officers have taken the high road in their attempts to organize and have not been allowed to engage outside of the employer's attempt to silence workers.

RESOLVED, That the Detroit City Council honors the 33 brave security officers: Darian Stevens, Robert Butler, Angela Jones, Connie Haggard, Muhsinah Akram, Steve Brown, Micah Brown, Mattie Hunter, Aaron Gibson, Errol Osley, Aaron Ayler, Diamond King, David Spannos, Annika Vinson, James Boal, Alfie Pugh, Angela Williams, Harley Bridges, Michelle Jordan, Angela Gholston, Shenia Sturdivant, Rudolph Muhammad, Deandre Finch, Deangelo Nix, Kolby Corns, Jermaine Sturdivant, Malcolm Brooks, Gary Wright, Donovan Mayo, Denzel Garrett, Charles White, Angelo Smith and Delores McDaniel, who dared to be the 1st of their co-workers to take action for change and go on strike. **BE IT FINALLY**

RESOLVED, That the Detroit City Council supports security officers and all working people in their right to organize, free of interference.



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3437
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV

11

Date: July 3, 2019

To: Honorable City Council

From: Law Department

LSW

Re: Scheduling a Closed session Regarding Legal Representation and Indemnification in lawsuit of *Michael Teolis v Mackenzie Julian and Nicholas Waldrep*; Civil Action Case No.: 19-2019-436-NZ for EMT Nicholas Waldrep

On May 28, 2019, Your Honorable Body referred the above-referenced matter to the Internal Operations standing committee regarding representation and indemnification of **EMT Nicholas Waldrep, Badge No. N/A.**

Both the Law Department and the Detroit Fire Department have recommended to **DENY** representation and indemnification of Mr. Waldrep.

On June 19, 2019, the Internal Operations standing committee recommended that a closed session be held regarding this matter. After consultation with the Council President's office, the Law Department is respectfully requesting that a closed session be held on **Wednesday, July 17, 2019 at 2:30 p.m.**

The Law Department has prepared a privileged and confidential memorandum regarding the pending litigation and why we recommend to **DENY** representation.

CITY CLERK 2019 JUL 3 4:02PM

BY COUNCIL MEMBER: _____

Hearing Regarding Representation and Indemnification of
Certain Members of the Detroit Fire Department

Whereas, Section 7.5-203, *Civil Litigation*, of the 2012 Detroit City Charter provides, in relevant part, that “[upon request, the Corporation Counsel may represent any officer or employee of the city in any action or proceeding involving official duties;]” and,

Whereas, Section 13-1 1-5, *Civil Service and Personnel Regulations*, of the 1984 Detroit City Code provides, in pertinent part, that “the city council shall consider and determine whether the corporation counsel shall represent the officer or employee in the matter and find and determine whether or not the claim, demand or suit arises out of or involves the performance in good faith of the official duties of such officer or employee[;]” and,

Whereas, On June 19, 2019, City Council’s Internal Operations standing committee requested that a closed session be scheduled regarding Legal Representation and Indemnification in lawsuit of *Michael Teolis v Mackenzie Julian and Nicholas Waldrep*; and,

Whereas, On July 3, 2019, the Law Department filed a privileged a confidential memorandum regarding the pending litigation and why the Law Department has recommended to **DENY** representation and indemnification of **EMT Nicholas Waldrep. Now Therefore Be It**

Resolved, That, pursuant to the above, and MCL 15.268(h), a closed session be held on **Wednesday, July 17, 2019 at 2:30 p.m.** for the purpose of discussing the following:

**Legal Representation and Indemnification in lawsuit of
Michael Teolis v Mackenzie Julian and Nicholas Waldrep; Civil
Action Case No.: 19-2019-436-NZ for EMT Nicholas Waldrep, Badge
N/A; and Be It Further**

Resolved That, the Law Department’s recommendation to deny representation will be discussed with Law Department attorneys, representatives from the Detroit Fire Fighters Association, Nicholas Waldrep and counsel, representatives from the Detroit Fire Fighters Association, as well as attorneys from the Legislative Policy Division; **and Be It Finally**

Resolved That a copy of this resolution be timely provided to the Detroit Fire Fighters Association and Corporation Counsel.

12

BY COUNCIL MEMBER:

**RESOLUTION RECOMMENDING APPOINTMENT
TO THE BOARD OF ETHICS**

RESOLVED, That the Detroit City Council hereby recommends to the Mayor Raquel Garcia as the joint appointment of the City Council and the Mayor to the Board of Ethics for a term beginning immediately and ending June 30, 2024.

BY COUNCIL MEMBER:

**RESOLUTION APPOINTING A MEMBER
TO THE BOARD OF ETHICS**

RESOLVED, That the Detroit City Council hereby appoints Reverend Kenneth Flowers as the joint appointment of the City Council and the Mayor to the Board of Ethics for a term beginning immediately and ending June 30, 2024.

Raquel Garcia
4218 Brandon Street, Detroit, Michigan 48209
c: (313) 595-6492 raquel@globaldetroit.com

3
13

Education

M.A., Fine, Performing, & Communication Arts, Media Studies, Wayne State University, Fall 2011
M.Ed., Instructional Technology, Interactive Technologies, Wayne State University, Spring 2006
B.A., Communications, Film Studies, Cum Laude, Wayne State University, Fall 1995

Professional Experience

Director of Housing and Special Projects, Global Detroit - July 2014 to present

Working to build community awareness of Global Detroit's economic development, asset building, and service initiatives. Establishes relationships and partnerships that focus on empowering people and neighborhoods through inclusive, grassroots economic development strategies.

- Leading the coordination of outreach strategies in Southwest Detroit
- Developing homeownership programs and connecting immigrants to Detroit Land Bank Authority, Wayne County Treasurer, and other homeownership opportunities
- Connecting immigrants to small business development programming
- Participating on Detroit City Council Immigration Task Force, vice-chair of the Immigrant Rights Committee

Immigrants Rights Organizer, Michigan United - 2012- 2014

- Responsible for expanding membership and building leadership of local organizing committees
- Led local campaign to promote the civil rights of immigrant workers, families, and students
- Organized campaigns to end the abusive practices of Immigration and Customs Enforcement (ICE) and Border Patrol
- Implemented an immigrant rights community education workshop series
- Cultivated community leadership development
- Publicized topics related to immigrants civil and labor rights

Democracy Fellow, Alliance for Immigrants Rights - August 2012 - November 2012

- Served as a community organizer in training, implemented civic engagement strategies in low voting populations in targeted areas of SW and parts of the east side of Detroit
- Cultivated relationships with churches, social service organizations, and schools
- Registered voters through neighborhood canvases, phone banks, and community events

Southwest Detroit Field Organizer/Organizing Fellow, Organizing for America (OFA) - June 2012 - September 2012

- Trained and managed teams of volunteers for a 2012 Get Out The Vote campaign in Southwest Detroit
- Coordinated events and civic volunteer activity
- Managed regional data through Voter Activation Network (VAN) and OFA Dashboard software

ENTERED JUL 03 2019 MTF JT (310)

Raquel Garcia

4218 Brandon Street, Detroit, Michigan 48209

c: (313) 595-6492 raquel@globaldetroit.com

Dean of Student Services, Wayne County Community College District Northwest and Downtown Campus - 2008-2012

- Oversaw all aspects of Student Services operations, including COMPASS student assessment and placement, staff alignment and scheduling, student registration planning, development and coordination of student activities, campus support for the office of Career Planning and Placement and the ACCESS Department
- Developed workshops and professional development for staff
- Mentored and trained new student services staff
- Developed and implemented college wide strategic initiatives

Associate Dean for Career and Technical Programs, Wayne County Community College District, Western and Eastern Campuses, 2002-2008

- Managed the Career and Technical divisions of the Western and Eastern Campuses
- Developed curriculum, academic program certification, program review, and career program reporting with the District Dean for Career Programs and Department Chairs
- Recruited and recommended certified instructors for hire as career program faculty

Development Specialist, Department of Workforce and Economic Development, Wayne County Community College District, June 1998-2002

- Designed corporate services training and continuing education course schedule for several campuses
- Managed state funded training grants, and managed multiple multi-million dollar automotive supplier training accounts
- Worked with campuses to create their Continuing Education schedules
- Recruited and trained Eastern Campus Continuing Education instructors

Professional Training and Development

- Racial Justice Institute, Michigan Voice, 2015, Detroit
- Restorative Justice Conferencing Facilitator Certification, 2014, Detroit
- Board of Immigration Certification Training, MI Immigrants Rights Center, 2014, Detroit
- SEIU Legislative Strategies Training, 2013, Washington, DC
- New Organizing Institute, Capacity Building, 2013, Washington, DC
- Organizers Conference, National People's Action, 2012
- Distance Learning Certification, Education Technology Organization of Michigan, 2012
- Michigan Association of Collegiate Registrars & Admissions Officers, Registration Trends Annual Conference, 2011
- Managing Difficult Employees Training, SkillPath, 2011, Ann Arbor
- Midwest Conference on Student Assessment, 2010, Chicago
- Michigan Leadership Academy, COMPASS ACT, 2002, Traverse City
- Grant Writing Certificate, Grantsmanship Center, 2001
- Worldwide Instructional Design System (WIDS) Job Profiler Certification, 2000, Lansing

Civic Involvement

- Detroit City Council: Immigration Task Force
- Detroit City Council: Immigrants' Rights Subcommittee Vice-Chair
- Labor Council for Latino American Advancement (LCLAA) Secretary and Treasurer